Deposit Account Maintenance

Deposit Account Window Help

Deposit Account

Number: 501696   **Balance Amount:** .00

Holder

Name: MAUREEN STRETCH

Address

Attention:

Street: 26 CHARLES STREET

Province:

City: NATICK

State: MA   **Postal Code:** 01760

Country: US

Telephone: 508-653-8143   **Fax:** 508-651-9932

Details

Category Code: NONGOVNMNT   **Type:** REGULAR

Notification Amt: 0.00

Access Code: **Status**
          ● Active   ○ Closed

HDEMESS2 05/30/2006

Document Code: IMIS

Notice of Fee Due

Date: _05-30-06_

Application Number: _09/702,050_

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.

☐ Insufficient payment by check or money order.

☑ Insufficient funds in deposit account _____.

☐ Insufficient payment by credit card.

☐ Declined credit card.

☐ No authorization to charge a deposit account.

Fee code(s) to be applied: _1501_ $ _30.00_

_____   _____

_____   _____

_____   _____

Amount in holding fee code: _1622_   _____

_2622_   _____

_1999_   _____

Total remaining due from applicant: _____ $ 30-∿

RAM Operator ___Haileyesus___

Rev. 4/20/06